

Application Data Sheet

Application Information

Application number::
Filing Date:: 01/13/04
Application Type:: Regular
Subject Matter:: Utility
Title:: APPARATUS AND METHODS FOR GUIDING
AN ENDOSCOPE VIA A RIGIDIZABLE WIRE
GUIDE

Attorney Docket Number:: 021496-000410US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: —
Total Drawing Sheets:: 7
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: RODNEY
Family Name:: BRENNEMAN
City of Residence:: San Juan Capistrano
State or Province of Residence:: CA
Street of Mailing Address:: 34002 Las Palmas Del Mar
City of Mailing Address:: San Juan Capistrano
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92675

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: RICHARD
Middle Name:: C.
Family Name:: EWERS
City of Residence:: Fullerton
State or Province of Residence:: CA
Street of Mailing Address:: 1437 W. Malvern
City of Mailing Address:: Fullerton
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92833

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: VAHID
Family Name:: SAADAT
City of Residence:: Saratoga
State or Province of Residence:: CA
Street of Mailing Address:: 12679 Kane Drive
City of Mailing Address:: Saratoga
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95070

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: EUGENE
Middle Name:: G.
Family Name:: CHEN
City of Residence:: Carlsbad
State or Province of Residence:: CA
Street of Mailing Address:: 3600 Corte Castillo
City of Mailing Address:: Carlsbad
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92009

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/440,054	01/13/03

Assignee Information

Assignee Name:: USGI Medical Corp.
Street of mailing address:: 12679 Kane Lane
City of mailing address:: Saratoga
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95070